

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
CLAIMS								*					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
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37		/					87						
38		/					88						
39		22					89						
40		22					90						
41		22					91						
42		22					92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.							TOTAL IND.	7					
TOTAL DEP.							TOTAL DEP.	132					
TOTAL CLAIMS							TOTAL CLAIMS	139					